

EACH PLAYER MUST COMPLETE
2010 LIGHTHOUSE LACROSSE FALL CLASSIC
PLAYER INFORMATION AND WAIVER:

NAME: _____ ("Player")
NAME OF PARENT/GUARDIAN: _____
ADDRESS: _____ STATE: _____ ZIP CODE: _____
HOME PHONE: _____ SCHOOL: _____ GRADE: _____
EMAIL ADDRESS: _____ PHONE: _____
EMERGENCY CONTACT: _____

POSITION (Circle One): ATTACK MIDDIE DEFENSE GOALIE
TEAM: _____ OR FREE AGENT
MEDICATIONS: _____
Insurance Carrier: _____ POLICY # _____

Each participant is subject to immediate dismissal if he or she does not comply with the rules and regulations of the Lighthouse Lacrosse Fall Classic or if the participant's behavior is found to be detrimental to the interest of the program. NO refunds will be given in such instances.

WAIVER OF LIABILITY AND CONSENT TO MEDICAL TREATMENT

In consideration of being allowed to participate in Lighthouse Lacrosse Fall Classic, I, the Player (as defined above) or as parent/guardian of the Player, hereby RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Duval County Parks System, the Lighthouse Lacrosse Foundation, Inc., the City of Jacksonville, the Police Athletic League of Jacksonville, Inc., and their respective officers, servants, agents, or employees (collectively, the "Released Parties") from any and all liability, claims, demands, or course of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/the Player, or to any property belonging to me/the Player, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES, or otherwise, while participating in this event, or while in, on or upon the premises where the event is being conducted.

To the best of my knowledge, I certify that I/the Player am/is in good physical condition and I am not aware of any physical infirmity which would place me/the Player at risk to participate in any way with the event's activities. I, as the Player or parent/guardian of the Player, am fully aware of risks and hazards inherent with the sport of Lacrosse and this event. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/the Player, or any loss or damage to property owned by me/the Player, as a result of being engaged in the event, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASED PARTIES or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the Released Parties from any loss, liability, damage or cost, including court costs and attorneys' fees, that may accrue related to my/my child's participation in the event, WHETHER CAUSED BY NEGLIGENCE OF RELEASED PARTIES or otherwise.

During the period of the event, I hereby give permission for Medical Technicians to administer appropriate medical attention to me/the player in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance. It is my express intent that this Waiver of Liability and Consent to Medical Treatment (the "Waiver") shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named Released Parties. I hereby further agree that the Waiver shall be construed in accordance with the laws of the State of Florida. In signing this Waiver I, as the parent or guardian, acknowledge and represent that I am at least eighteen (18) years of age and fully competent and I execute this Waiver for full, adequate and complete consideration fully intending to be bound by same. **I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Signature of Player: _____
Printed Name of Player: _____ Date: _____, 2010

Signature of Parent/Guardian: _____
Printed Name of Parent/Guardian: _____ Date: _____, 2010

***Please complete this form and give it to your coach or,
if you are participating as an individual, please bring it to the event.***